



Safe Sleep for Babies



SIDS, SUID and Other Sleep-Related Infant Deaths: Keeping Babies Safe

Presented by:



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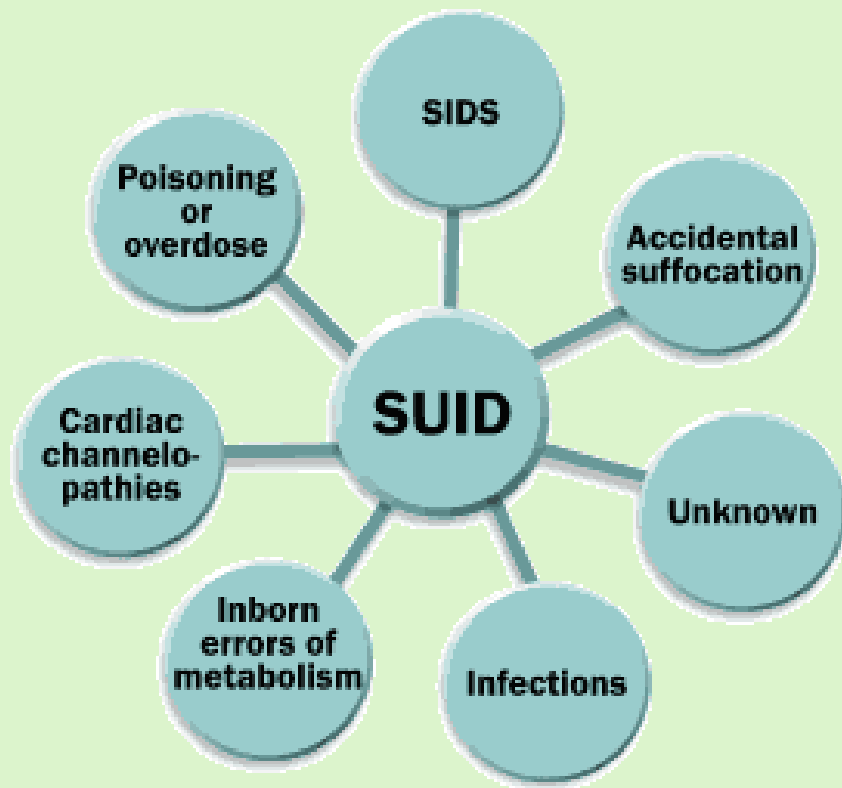
Overview

- Definition of Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and sleep-related deaths
- Recent research about why these babies die
- Statistics
- Why child care providers are important to the health and safety of babies
- AAP SIDS Task Force recommendations and why they are important
- Putting policies into place in child care
- Available resources





What is SUID?



- Sudden Unexpected Infant Death where the exact cause is not immediately evident
- SUID is the umbrella category under which these causes of death fall
- ½ of the deaths in this category are SIDS deaths (approx. 2200/year)
- There are about 4500 SUID deaths per year





Definition of SIDS

- Sudden death which occurs before 1 year of age, usually in a previously healthy infant
- Cause of death unexplained after thorough investigation; including complete autopsy, death scene investigation, and review of child's health history
- A diagnosis of exclusion
- SIDS is not predictable





Sleep-related Infant Deaths

- Most occur during infant sleep
- ASSB – Accidental Suffocation or Strangulation in Bed
- Suffocation
- Unknown/ undetermined
- SIDS





Why Do We Talk About SIDS, SUID, and Sleep-related Deaths?

While we don't know the exact mechanism that causes SIDS, we have identified factors that put an infant at increased risk.

Eliminating these risk factors will **ELIMINATE** *suffocation* deaths.





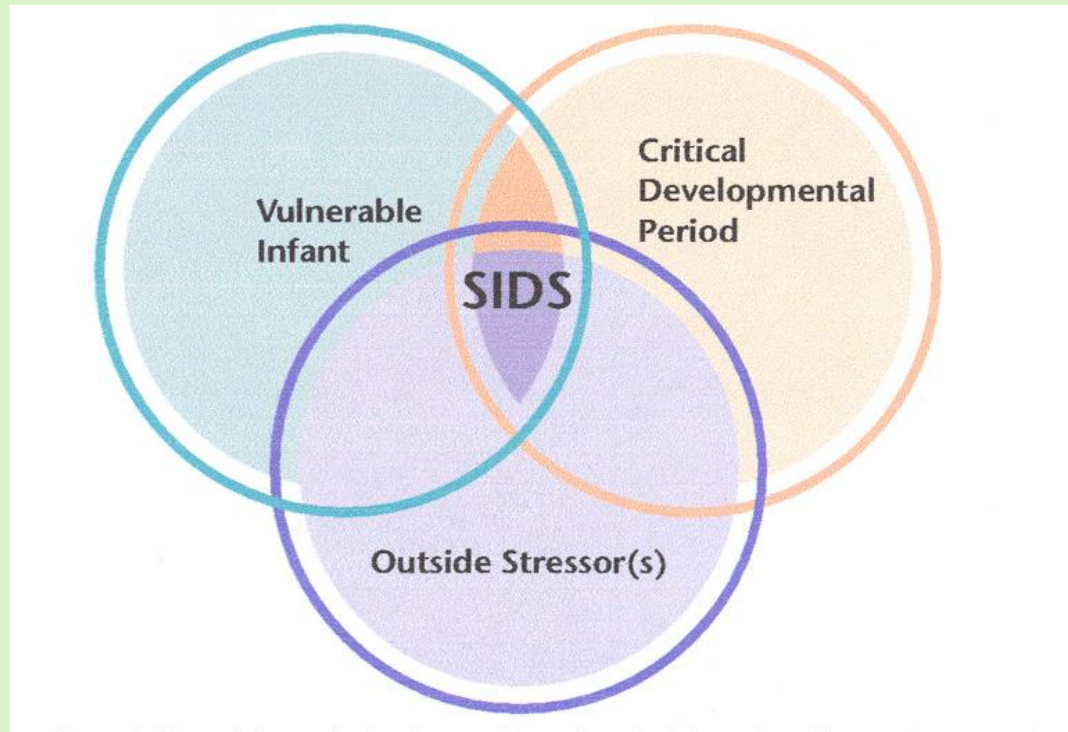
SIDS Facts

- In 2010, there were about 2,063 SIDS cases (US)
- It is the leading cause of death for babies from 1 to 12 months of age
- Highest risk is at 2 to 4 months; 91% occur between 1 and 6 months of age
- Seasonal trend: there are more SIDS deaths in winter months
- More male babies die of SIDS
- Unaccustomed tummy sleeping increases risk as much as 18 times





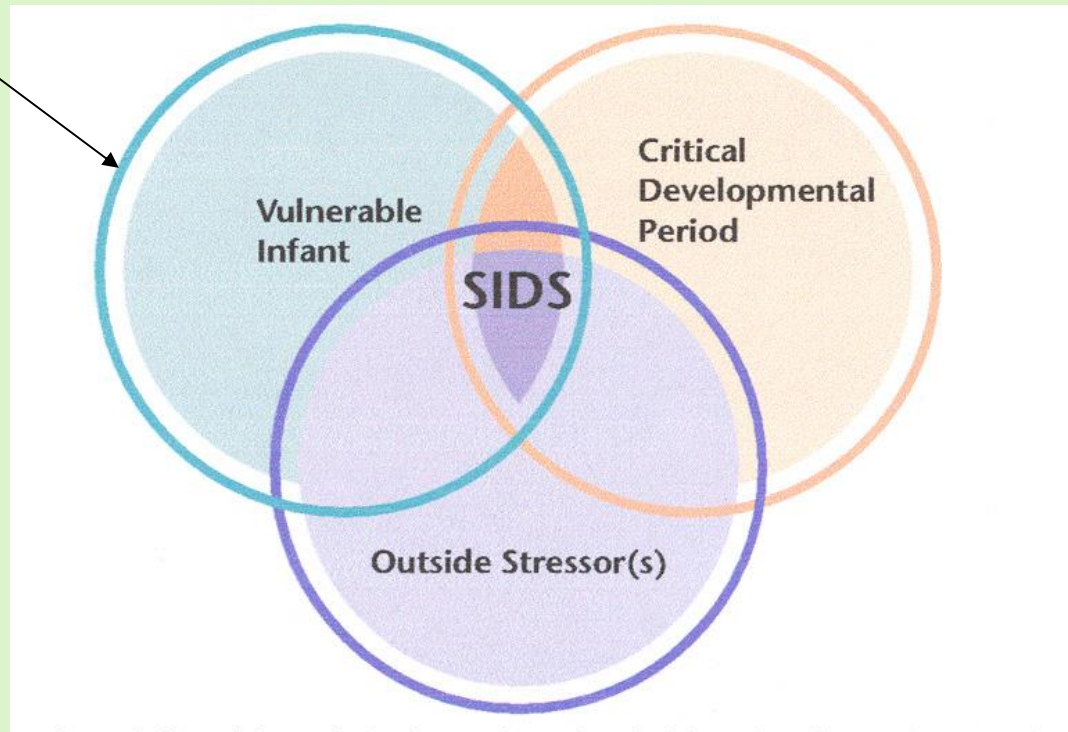
Triple Risk Model





Triple Risk Model

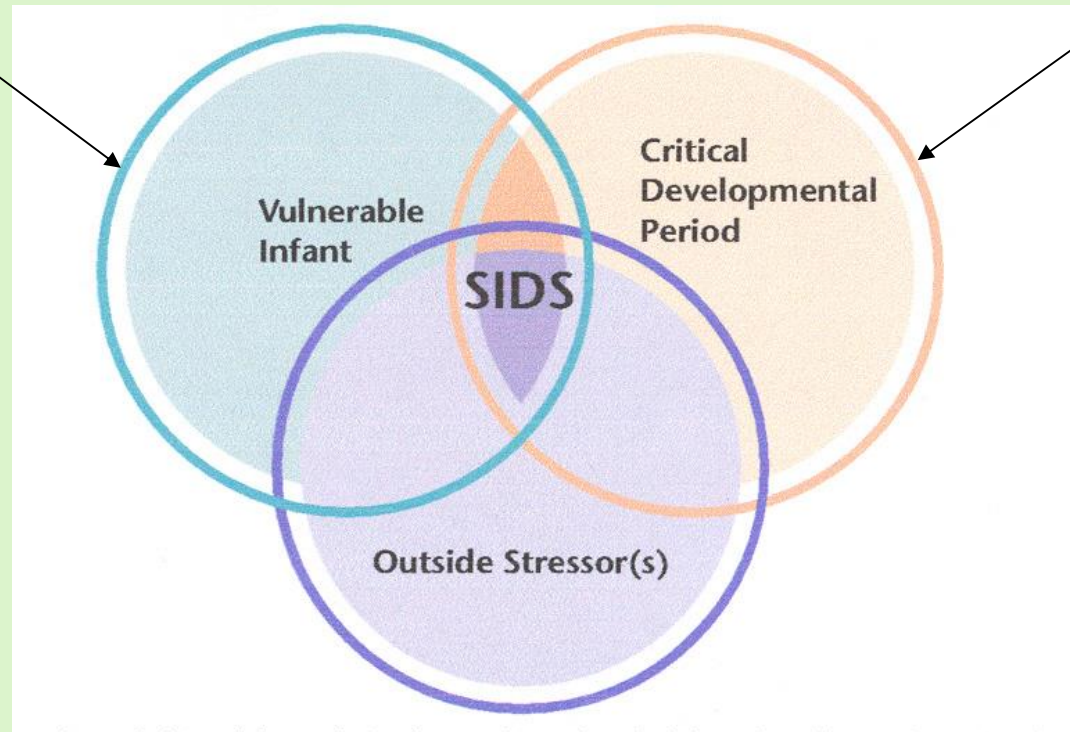
Brain stem
dysfunction,
arousal defect,
gene
polymorphism





Triple Risk Model

Brainstem
dysfunction,
Arousal defect,
Gene
polymorphism



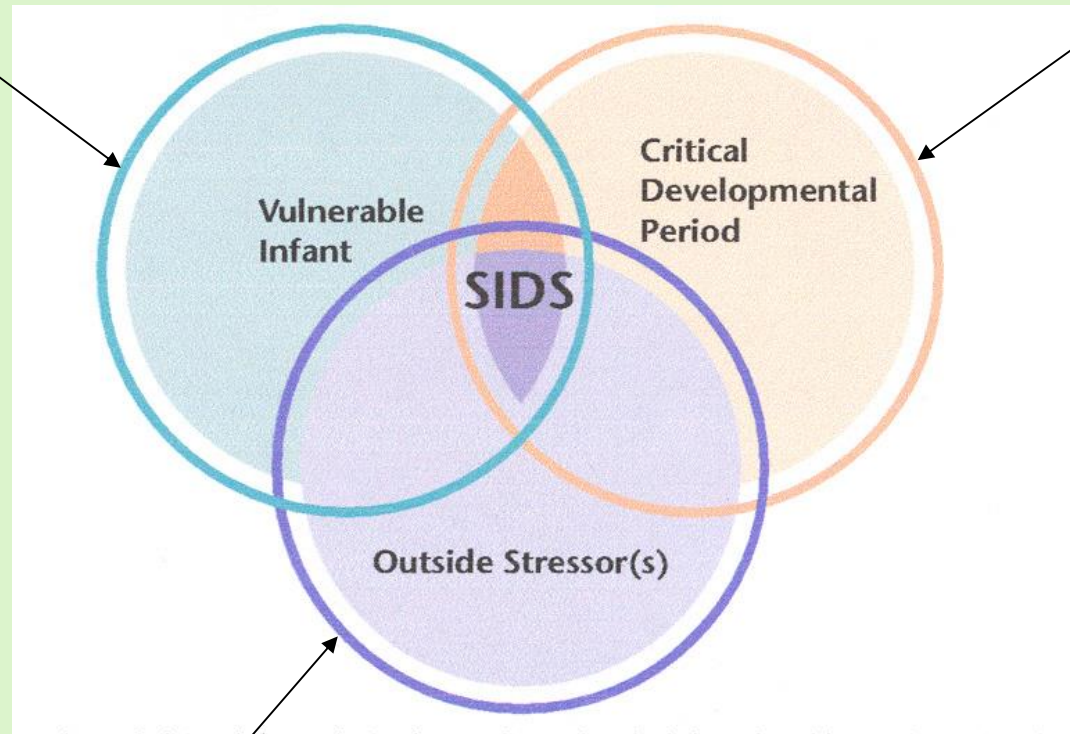
Highest risk at 2-4
months





Triple Risk Model

Brainstem
dysfunction,
arousal defect,
gene
polymorphism



Highest risk at 2-4
months

tummy sleep position, smoke
exposure, soft bedding





Non - Modifiable Risk Factors for Childcare Providers

- Mother younger than 18 years old
- Maternal smoking during pregnancy
- Maternal alcohol and illegal drug use
- Late or no prenatal care
- Age – 2 to 4 months
- Low birth weight
- Prematurity
- Male gender
- African American
- American Indian





Modifiable Risk Factors

- Tummy sleeping
- Soft or loose bedding
- Inappropriate sleep environments
- Overheating
- Environmental tobacco smoke
- Bed sharing

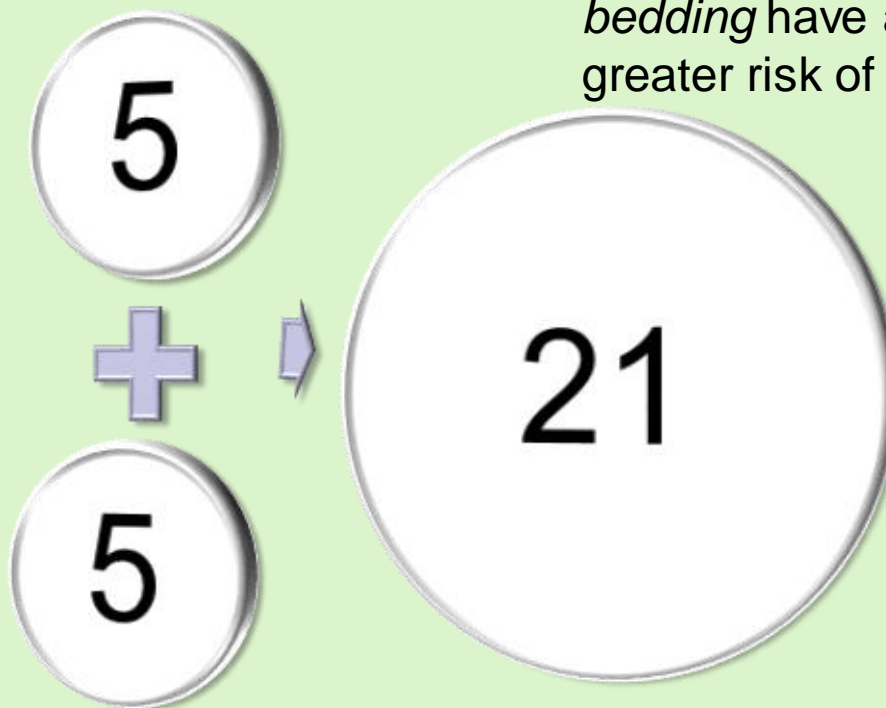




It's Not Simple Math

Babies who *sleep on their tummies* have a 5 times greater risk of SIDS.

Babies who *sleep on soft bedding* have a 5 times greater risk of SIDS.



Babies who *sleep on their tummies on top of soft bedding* have a 21 times greater risk of SIDS.



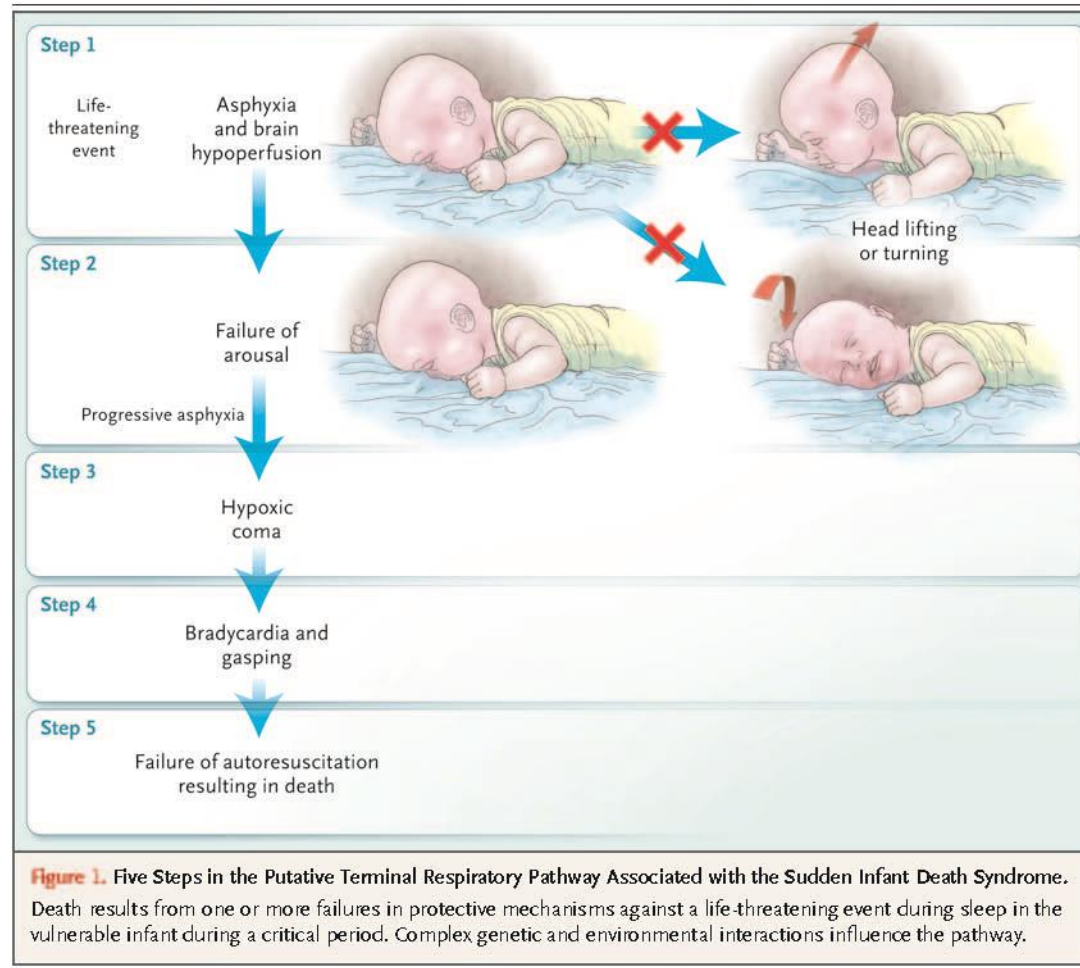


Rebreathing Theory

- Infants in certain sleep environments are more likely to trap exhaled CO₂ around the face
 - Tummy sleeping and near-face-down/ face-down
 - Soft bedding
 - Tobacco smoke exposure
- Infants rebreathe exhaled CO₂
- Infants die if they cannot arouse/ respond appropriately



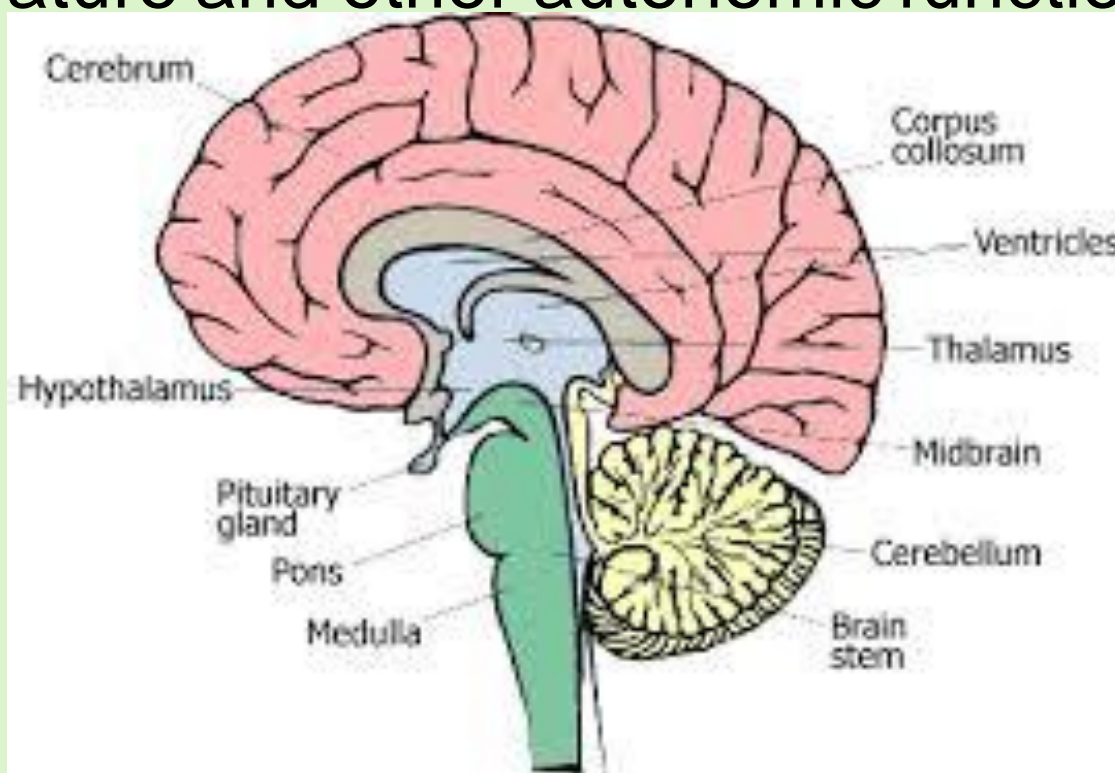
Safe Sleep for Babies





Brain Dysfunction

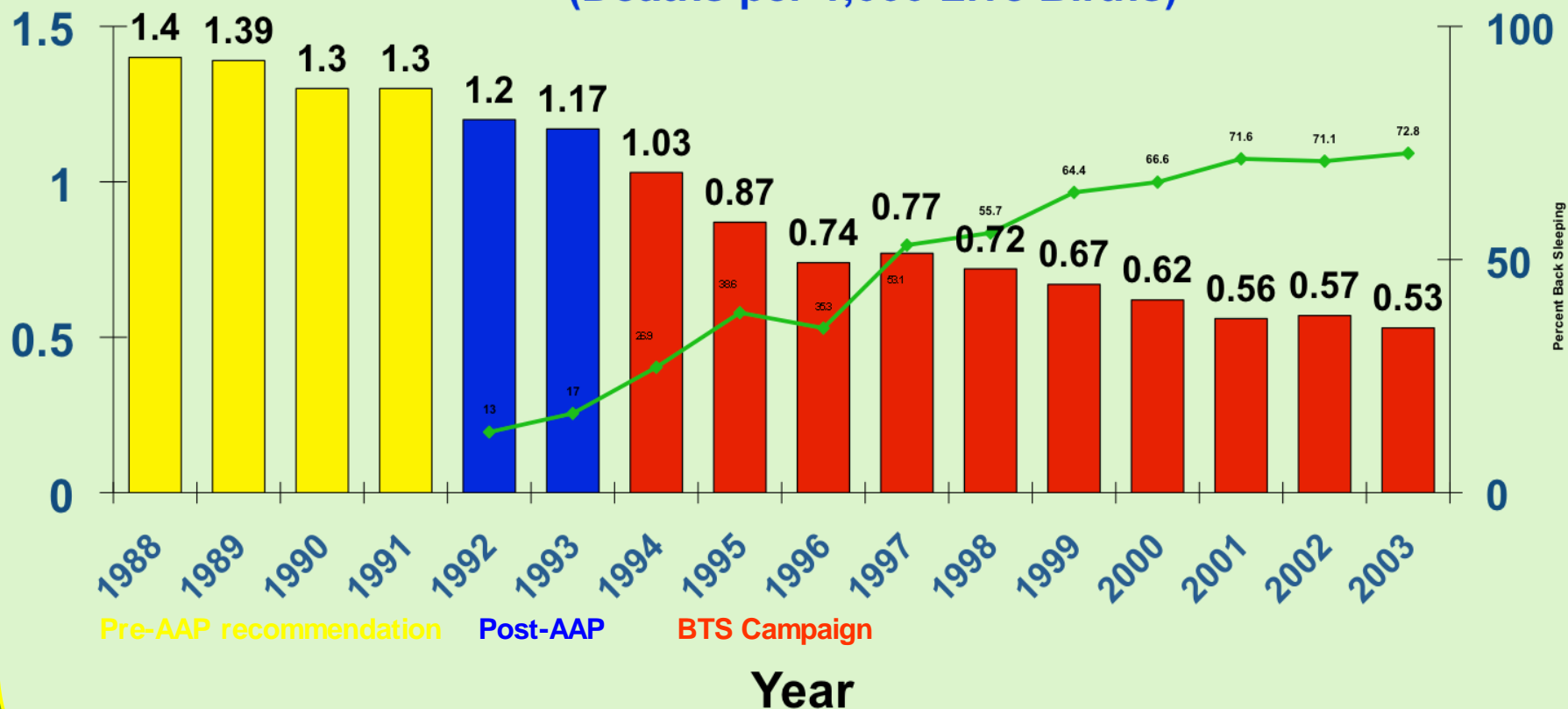
- Brain Stem controls breathing, alertness, arousal, temperature and other autonomic functions.





Safe Sleep for Babies

SIDS Rate and Sleep Position, 1988-2003
(Deaths per 1,000 Live Births)

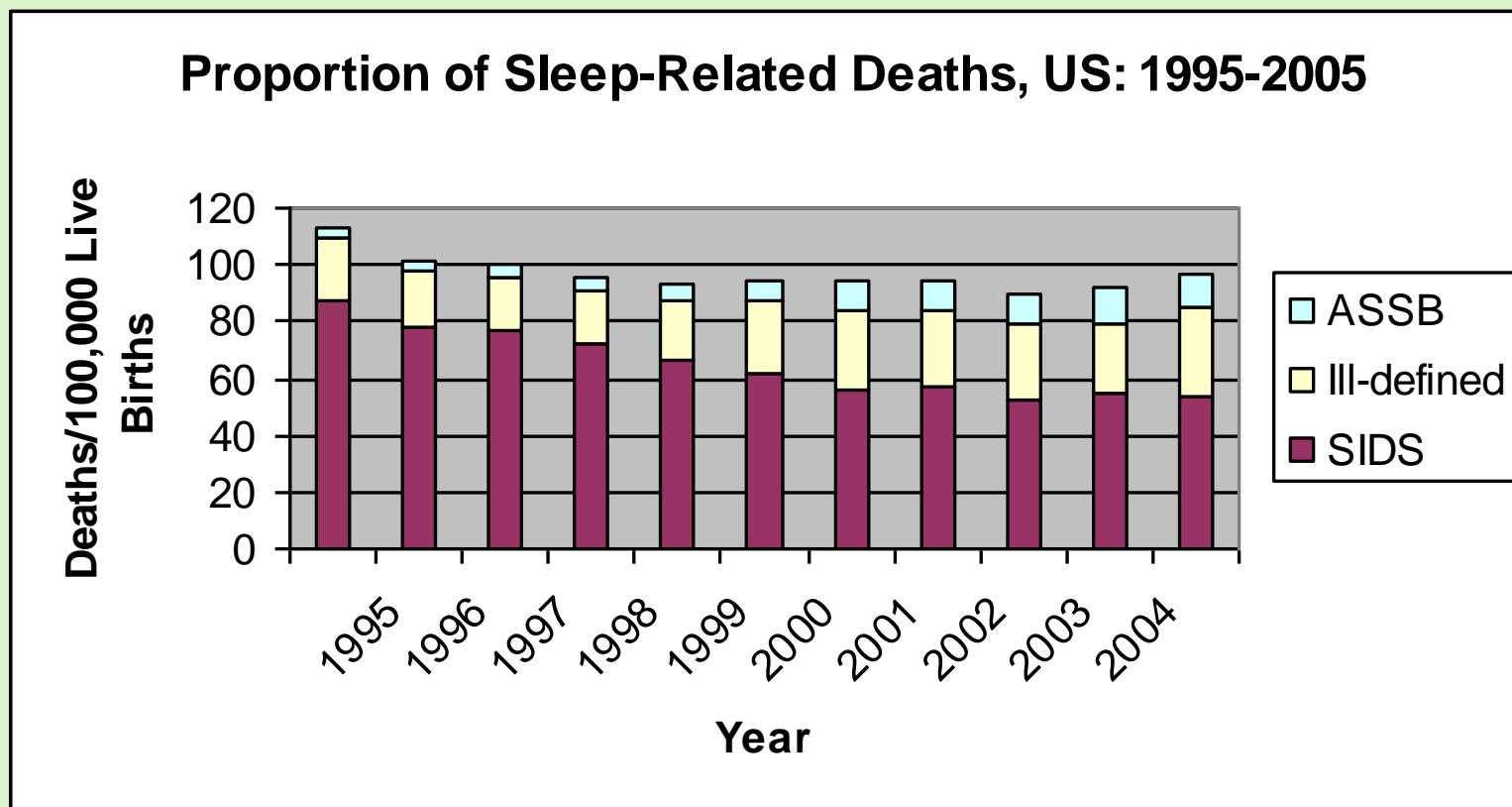


Sleep Position Source: NICHD Household Survey
SIDS Rate Source: National Center for Health Statistics, CDC





Is That the Whole Story?



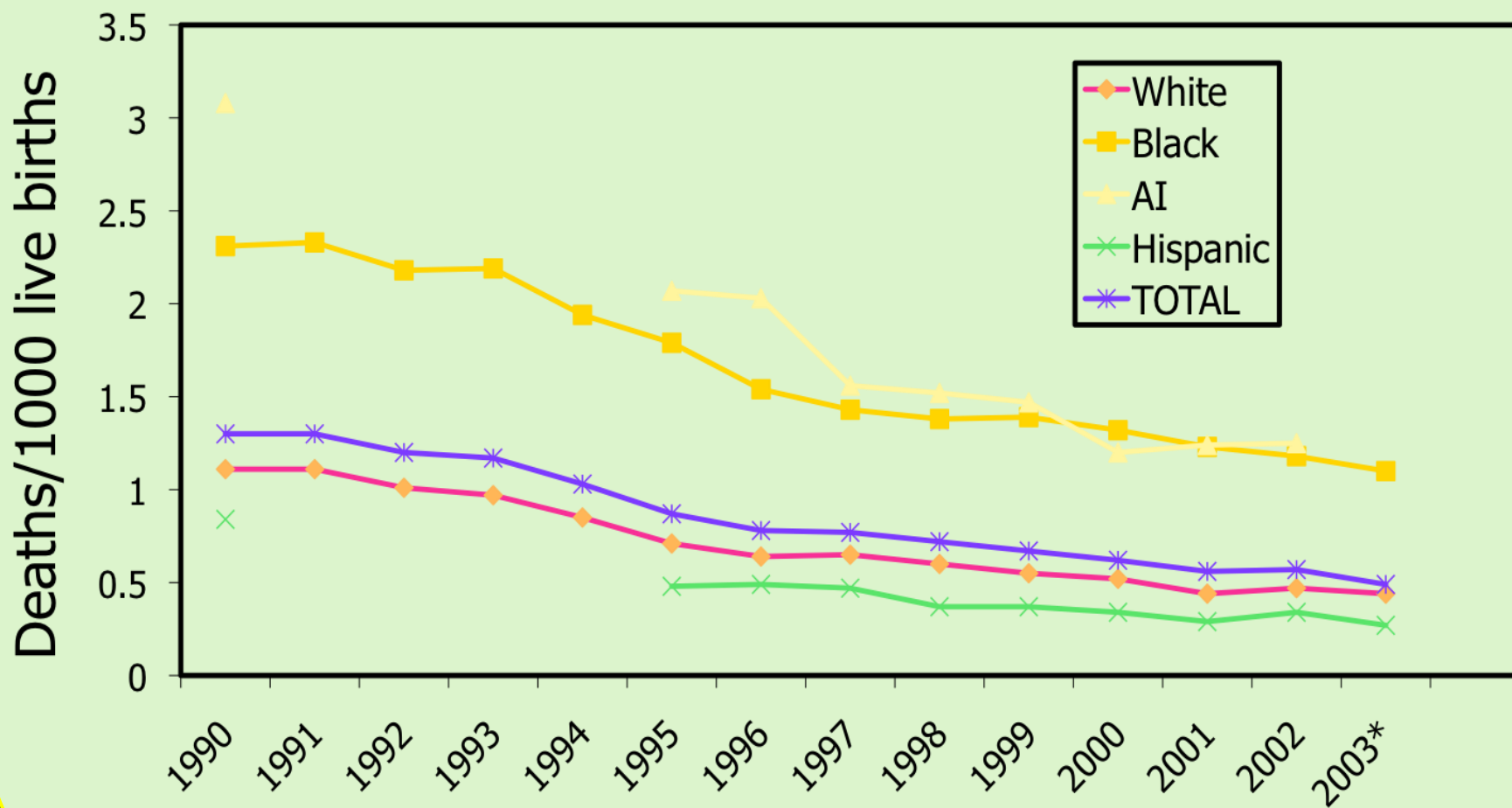
Source: CDC Wonder, 2011





Safe Sleep for Babies

SIDS Rates, U.S.



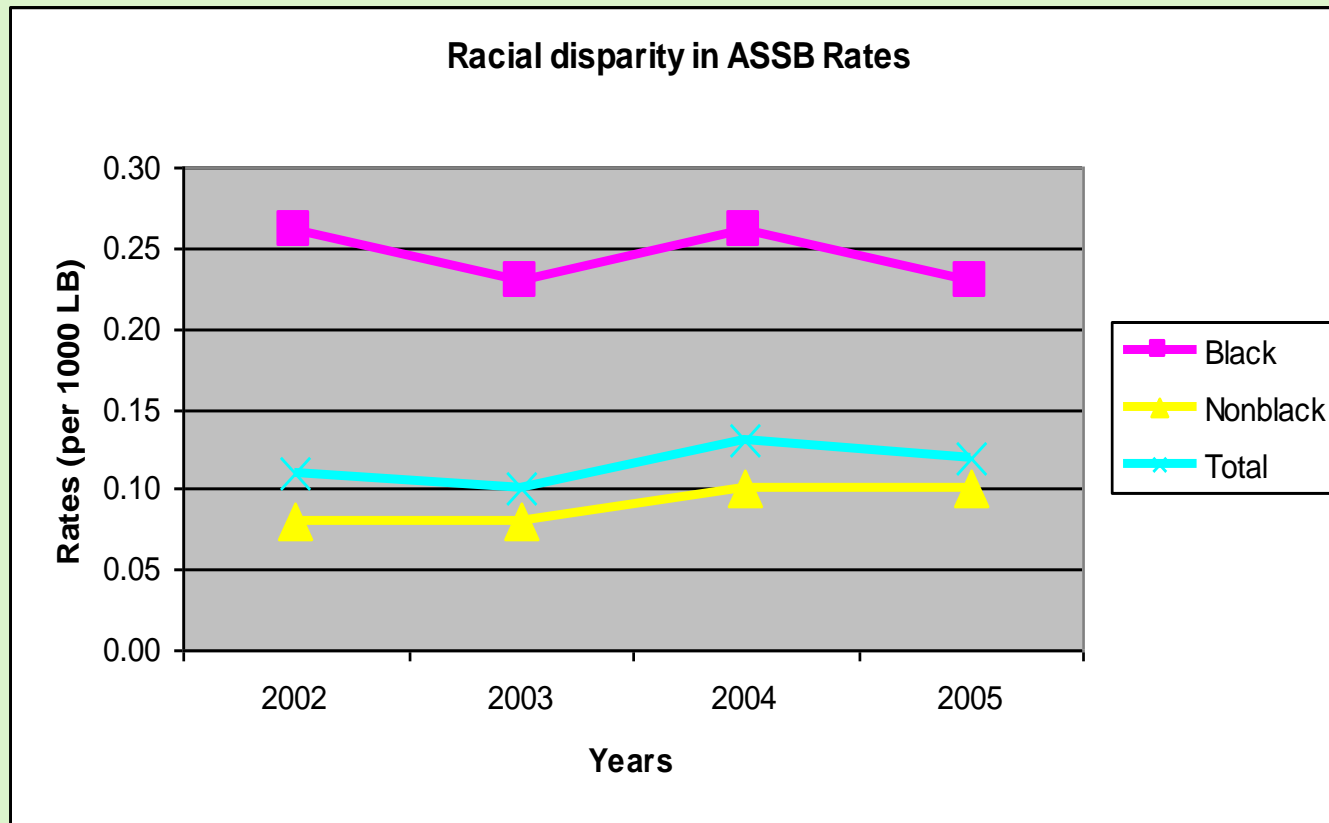
Source: National Center for Health Statistics, CDC

*Preliminary Data, 2003





Accidental Suffocation and Strangulation in Bed: US

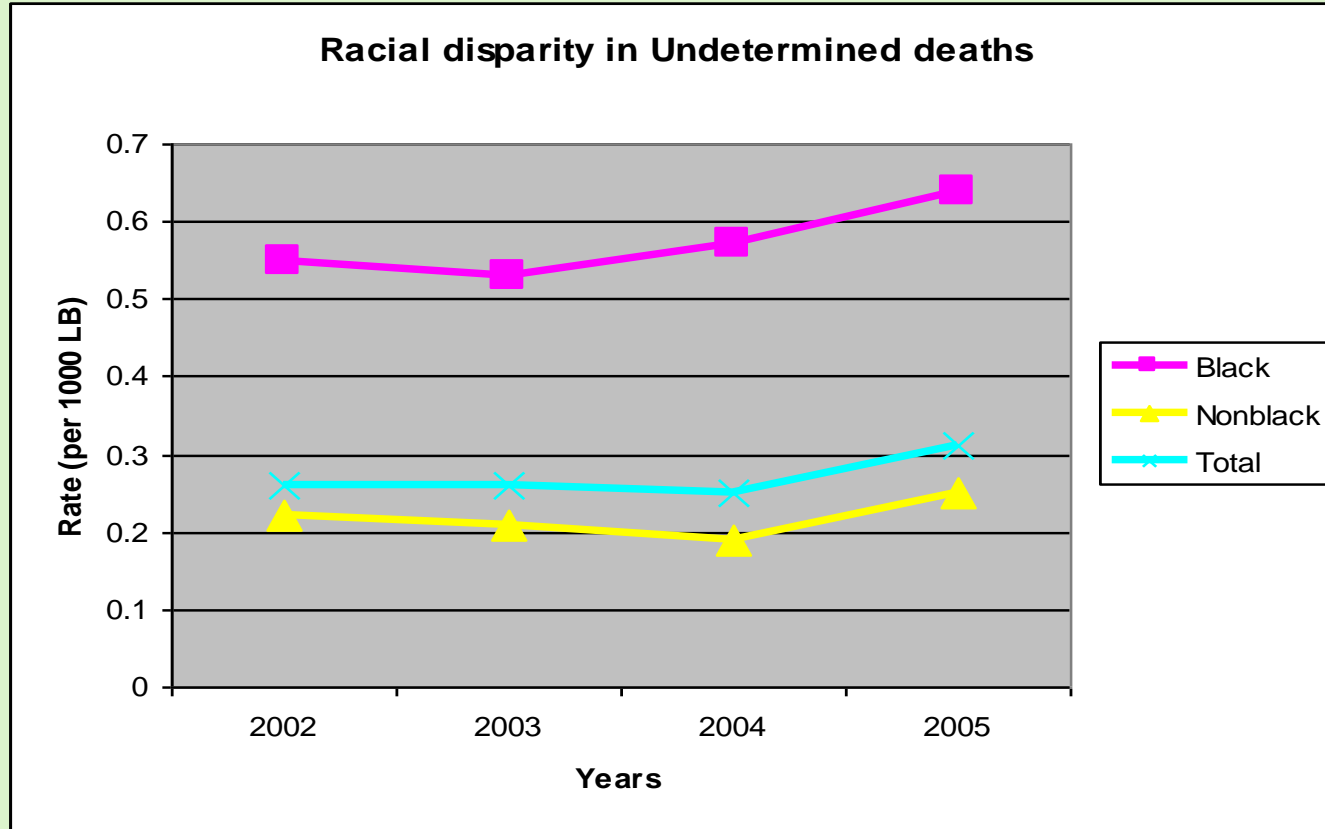


Source: CDC Wonder





Undetermined: US



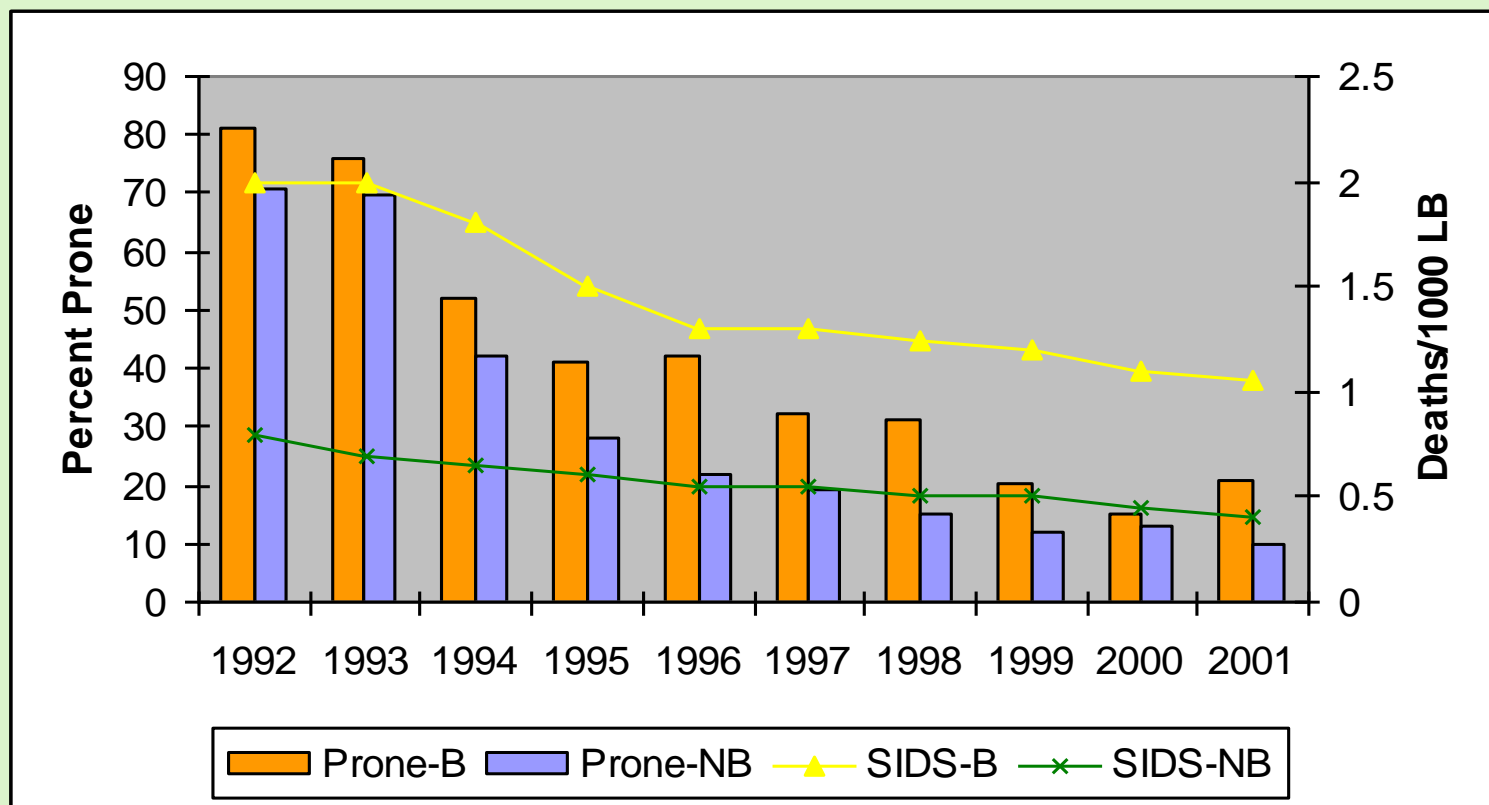
Source: CDC Wonder





Safe Sleep for Babies

Black vs. Non-Black Prone Prevalence and SIDS Rates

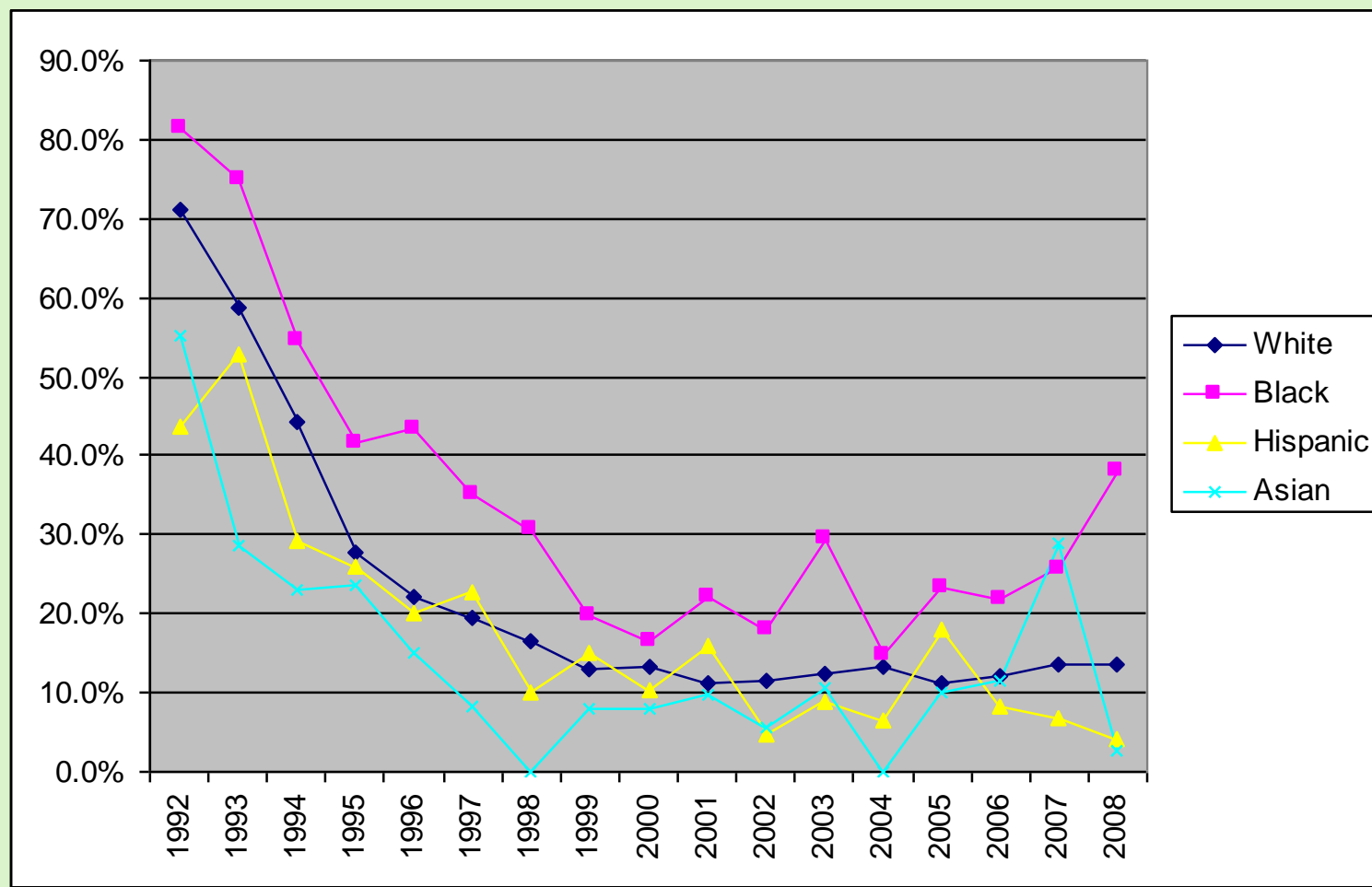


Sources: National Center for Health Statistics, National Infant Sleep Position study





Prone Prevalence by Race/Ethnicity



NISP, 2008





The New York Times

A Quiet Revolt Against the Rules on SIDS

By BRIAN BRAIKER

Published: October 18, 2005

In homes across the country, parents like Mrs. Stanciu are mounting a minor mutiny against the medical establishment. For more than a decade, doctors have advocated putting babies to bed on their backs as a precaution against [sudden infant death syndrome](#), or SIDS.

Increasingly, however, some new parents are finding that the benefits of having babies sleep soundly - more likely when they sleep on their Tummies - outweigh the comparatively tiny risk of SIDS.





Child Care and SIDS

- 2/3 of US infants are in non-parental child care (Ehrle et al, 2001)
- Infants of employed mothers spend average of 22 hours/week in child care
- 32% infants are in child care full-time
- Of infants in child care:
 - 50% relative care
 - 10% in-home babysitter/nanny
 - 40% organized child care





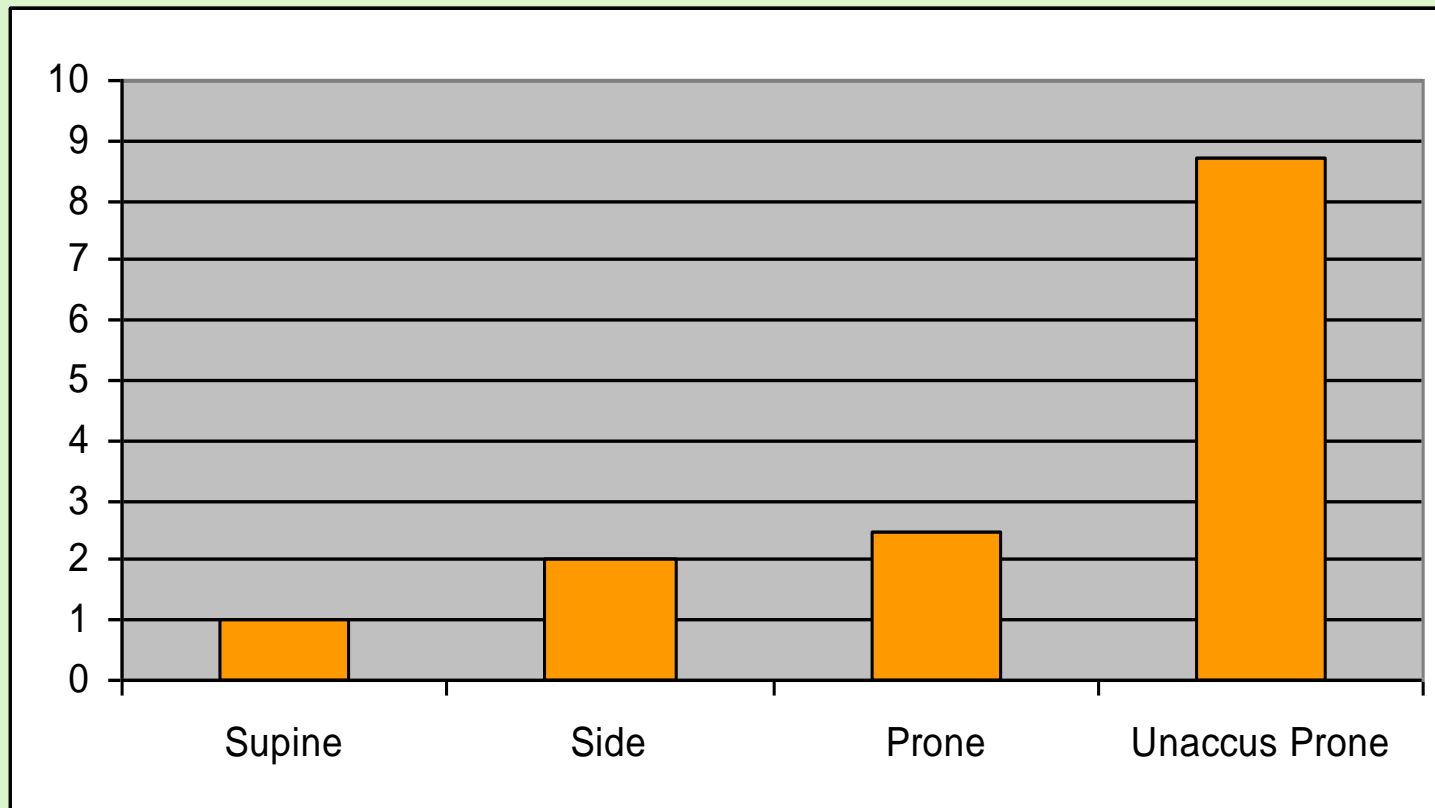
Child Care and SIDS - 1990s

- 15-20% SIDS occurred in child care
- In 1990s, child care deaths associated with unaccustomed tummy position (Moon, 2000)
 - Child care providers were unaware of association of SIDS and sleep position
 - Misinformed about risks and benefits of various sleep positions





SIDS vs. Sleep Position





Unaccustomed Tummy Sleeping

- Increases risk of SIDS (as much as 18 times)
 - Mitchell et al, 1999
- Non-parental caregivers may use tummy sleeping
- Less ability to lift head in tummy position
- Later development of upper body strength
 - Davis et al, 1998





Education Does Work!



Increased awareness
and knowledge of
Safe Sleep practices





Regulation and Legislation

- Child care providers are more likely to place infants on their backs to sleep if there is a regulation or written policy in place
- States with regulation or legislation regarding sleep position in child care has increased
 - In 2001, only 7 states had regulations for sleep position.
 - Now nearly all states have some safe sleep guidelines.





Sleep Position Regulations (as of March 2012)

- 39 states require back positioning for infants in CCCs and FCCHs
 - Some states allow a waiver from physician and/or parent
- Several states allow back or side positioning
- 1 state only requires back positioning in CCCs
- 3 states only require back positioning in FCCHs
- 7 states do not regulate sleep position in CCCs or FCCHs
 - NE requires bumpers in cribs of babies <6 months of age





Child Care and Infant Deaths - 21st Century

- Still high proportion of infants die in child care, but decreasing (Moon, 2005)
 - 1/3 die in first week; of these, 1/2 die on the first day
- Sleep position is less an issue
 - Relatives and non-licensed caregivers may still be unaware of importance of back
- Infants in child care in safer sleep environment
 - More likely to be in a safe crib
 - Less likely to be in adult bed or sofa





But it Still Happens...

- In 2010, the parents of a 2-month-old baby girl placed her at a neighborhood church day care
- Religious organization – not subject to state regulations
- Baby was placed on her Tummy
- Found unresponsive
- “We always put them on their tummies...”





Reasons That People Place Babies on Their Tummies

- When the baby is on the back, s/he startles more easily and wakes up
- The baby will get a flat head (plagiocephaly) if the baby sleeps on the back
- The baby will get a bald spot from sleeping on the back
- When babies sleep on their backs, they don't develop normally





Findings from National Study of Child Care Providers

- Training child care providers improves knowledge and practices
 - Sleep position
 - Lessens use of loose and soft bedding
- No change in provider attitudes about whether sleep position makes a difference
 - Policies and regulations are critical!
- Barriers: perceived parental objections, provider skepticism, lack of policies and training opportunities (Moon, 2008)





Online Child Care Provider Training Curriculum

- Revised in 2014
- Supporting documents
- <http://www.healthychildcare.org/sids.html>

Reducing the Risk of SIDS IN CHILD CARE

Based off the American Academy of Pediatrics' (AAP) *Reducing the Risk of SIDS in Child Care Speaker's Kit*, this **FREE** course is designed to educate everyone who cares for babies, including:

- Child care providers
- Grandparents
- Health care professionals
- Babysitters
- Parents
- Relatives

In 1 hour, participants will learn how to create a safe sleep environment to reduce the risk of SIDS and other sleep related deaths. With an easy to use format, this course is available 24/7 from your home or office computer!

Credit for Child Care Providers
Child care providers will receive a certificate of completion for 1.0 contact hour, however, this module may not meet state SIDS in-service requirements.

Credit for Health Care Professionals
The AAP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
The AAP designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
This activity is acceptable for a maximum of 1.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Fellows of the AAP.
The American Academy of Physician Assistants accepts AMA PRA Category 1 Credit(s)™ from organizations accredited by the ACCME.
This program is approved for 1.0 NAPNAP contact hours of which 0 contain pharmacology (Rx) content.

★ With the *Reducing the Risk of SIDS in Child Care* online module, participants will learn:

- The definition of SIDS
- To identify behaviors that increase the risk of SIDS
- How to explain common beliefs and misconceptions about SIDS
- The resources that can help caregivers reduce the risk of SIDS for infants in their care

For more information on how to access this **FREE** course, visit www.healthychildcare.org/sids.html

PediaLink
Online Center for Lifelong Learning

The *Reducing the Risk of SIDS in Child Care* online module is funded through grant (U49MC04436) from the US Department of Health and Human Services, Child Care Bureau and the Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB), to the AAP.

Healthy Child Care America
A program of the American Academy of Pediatrics





AAP Recommendations: Child Care Can Make A Difference!

- Back Sleep Baby
- Use a Safe Crib
- Offer Pacifier
- No Soft bedding
- Do not Overheat baby.
- Tummy Time





Sleep Position: Side vs. Back?





Risk of Side Position

- Multiple studies have demonstrated that side position places infant at higher risk for SIDS than the back position
- Recent studies show that risk with side (aOR 2.0) and tummy (aOR 2.6) are similar (Li, 2003; Hauck, 2002)
- Side position is unstable – may lead to unaccustomed tummy positioning





Back to Sleep for Every Sleep

- To reduce the risk of sleep related deaths and suffocation, back sleeping for every sleep
- Side sleeping is not safe and is not advised
- Supervised tummy time when babies are awake





Wedges and Positioners

- Not advised





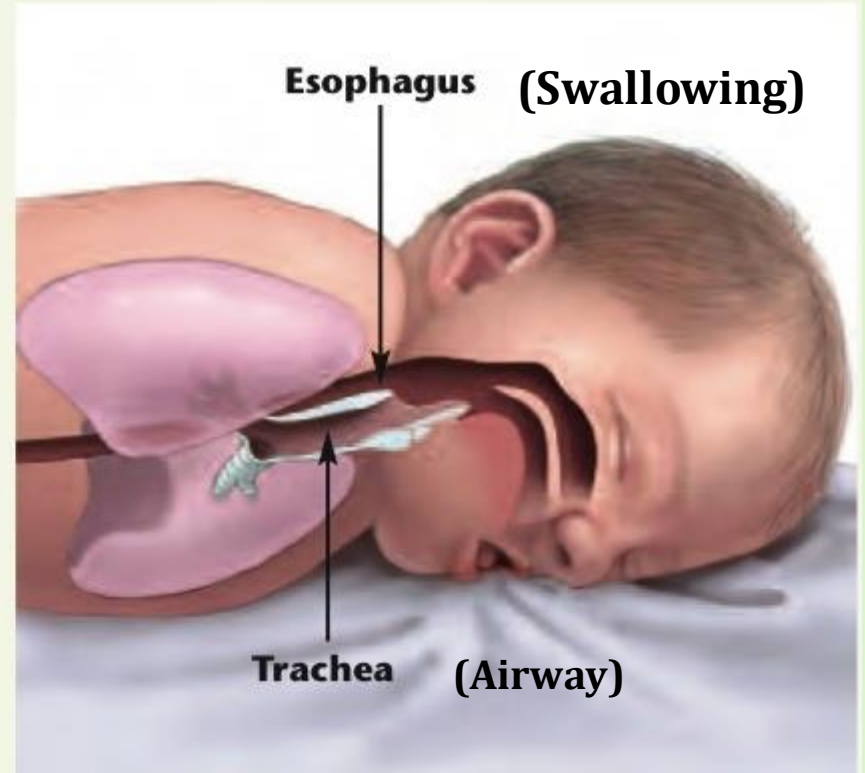
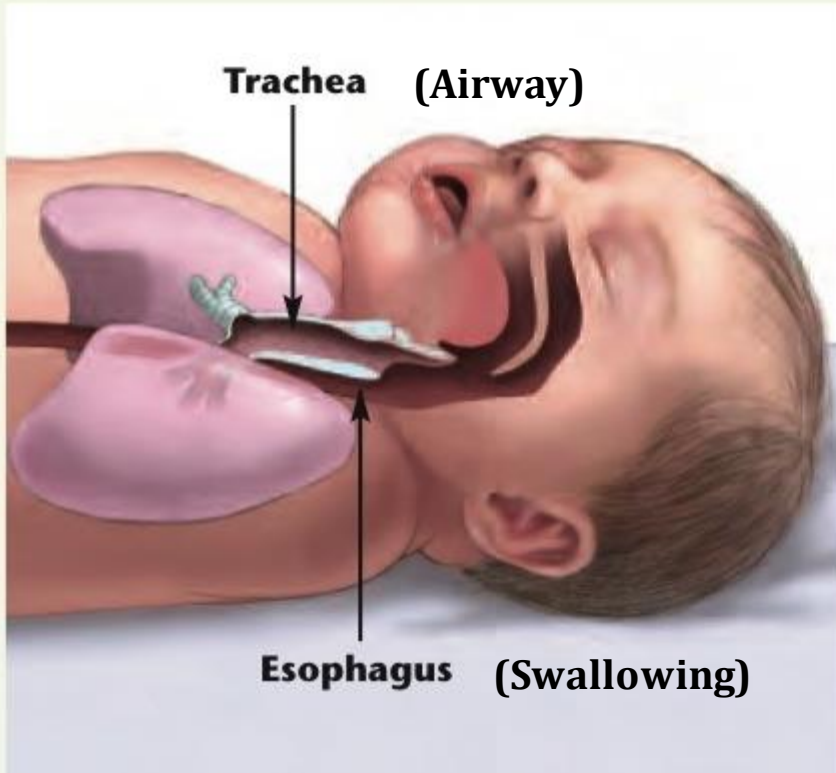
But What About Choking?

- Back sleeping does not increase the risk of choking and aspiration in infants, even those with GE reflux
 - Protective airway mechanisms
- Infants with GE reflux should be placed back
 - RARE exception: infants for whom the risk of death from complications of GE reflux is greater than the risk of SIDS (i.e., those with upper airway disorders, for whom airway protective mechanisms are impaired)
 - Examples: infants with anatomic abnormalities (e.g., type 3 or 4 laryngeal clefts, who have not undergone anti-reflux surgery)
- Elevating the head of the infant's crib while the infant is back is not recommended
 - Ineffective in reducing GE reflux
 - Infant may slide to the foot of the crib - may compromise respiration.





Remember the anatomy!





Safe Sleep for Babies

Don't babies
sleep better on
their tummies?





Babies DO Sleep Better on Tummy...

- Babies sleeping on the tummy have higher arousal thresholds, sleep longer and deeper
- This increased arousal threshold may be dangerous, as arousal may be the issue surrounding sleep related deaths...
- Babies also startle more easily when on their back – this startle reflex is also protective
- A baby who wakes up frequently is not a “bad” sleeper or a “bad” baby





What About Rolling Over?



- No data about when it is safe for infants to sleep in the tummy or side position
 - Studies all include infants up to 1 year of age
- Infants should continue to be placed back until 1 year of age
- Once an infant can roll from back to tummy and from tummy to back, the infant can be allowed to remain in the sleep position that he or she assumes



****Break****





Avoidance of Plagiocephaly



Encourage “tummy time” when infant is awake and observed. This will also enhance motor development.





Car Seats and Bouncers



- Avoid having infant spend excessive time in car seats and “bouncers,” where pressure is applied to occiput
- Upright “cuddle time” is encouraged





Expect the Unexpected





Pacifiers

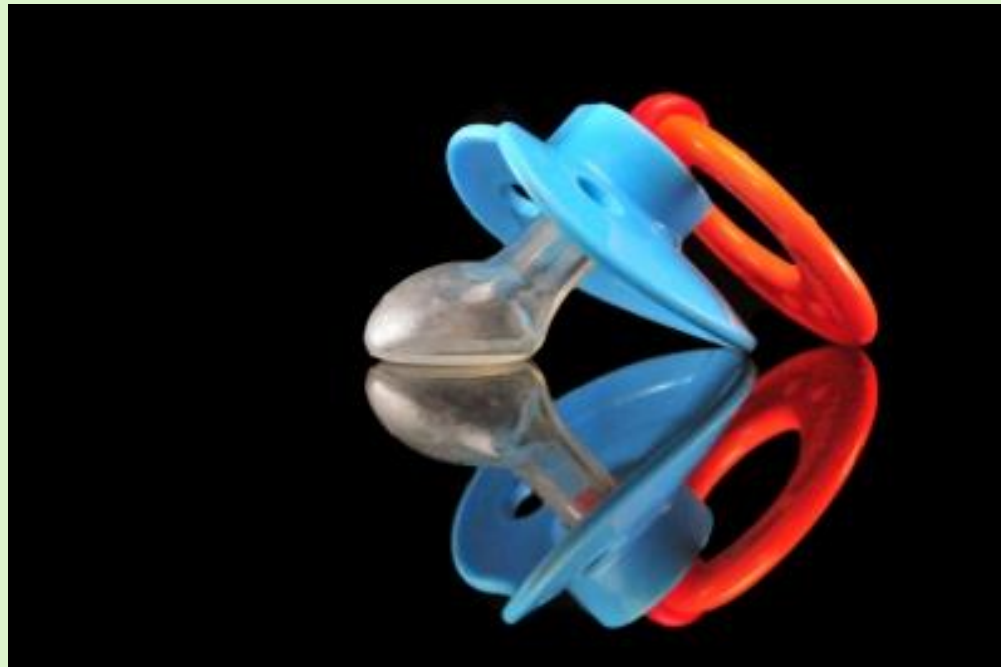
- Studies consistently demonstrate a protective effect of pacifiers on SIDS
- Mechanism unknown
 - Decreased arousal threshold (Franco)
 - Pacifiers dislodge within 15 minutes (Weiss and Kerbl) to 1 hour (Franco et al) of sleep





Pacifiers

- Recommended for Sleep time only.
- Do not allow pacifier to be attached to baby.





Do not use pacifier attachments





Dangers of Soft Bedding (CPSC Files)





Dangers of Soft Bedding

- Infants dying from SIDS are more likely to have:
 - used a pillow or soft mattress
 - been found with nose and mouth completely covered by bedding
 - assumed face-down posture
- Soft bedding increases risk of SIDS 5x, independent of tummy position
- Soft bedding + tummy = OR 21.0 (Hauck, 2003)
- Also increases risk of suffocation, strangulation, and entrapment





Soft Bedding (CPSC Files)





Soft Bedding (CPSC Files)





Use a Firm Sleep Surface

- To reduce SIDS and suffocation
- Firm crib mattress, covered by fitted sheet
 - A crib, bassinet, portable crib, or play yard that conforms to CPSC safety standards
 - Check for recalls
 - Do not use cribs with missing hardware; don't try to fix broken cribs
- Use mattress designed for specific product
 - Mattress should be firm and maintain shape even when fitted sheet is used
- No pillows or blankets in addition to or instead of mattress under the infant
- No adult beds – risk of entrapment and suffocation





Avoid Overheating

- Increased risk of Sleep Related Infant Deaths
 - Definition of overheating varies
 - Cannot provide specific room temperature guidelines – Licensing May Provide
- Dress infants appropriately for the environment, with no greater than 1 layer more than an adult would wear to be comfortable
- There is currently insufficient evidence to recommend use of a fan as a SIDS risk-reduction strategy





Over-Bundling





Sleep Clothing



- Alternative to blankets
- Cotton or fleece





Swaddling



- Always place baby on the back.
- No soft bedding.
- Swaddling holds in body heat.





Other Recommendations

- Avoid second-hand & third-hand smoke exposure of the infant; maintain a smoke-free environment.
- Do not use apnea monitors as a strategy to prevent infant deaths





Legal Considerations

- Litigation
 - Wrongful death
 - Loss to society
 - Neglect
 - Breach of contract between parents and provider
- Back to sleep = **STANDARD OF CARE**





Benefits of a Safe Sleep Policy

- May save babies' lives
- Shows parents baby's health and safety is your #1 priority
- Educates staff
 - Consistent care
 - Educate parents
 - Professional development
- It empowers child care providers
- If followed, helps reduce your risk of liability





Elements of a Safe Sleep Policy

- Healthy babies always sleep on their backs
- Obtain physician's note for non-back sleepers
 - The note should include prescribed sleep position and reason for not using the back position
- Use safety-approved cribs and firm mattresses
- Crib: free of toys, stuffed animals, and excess bedding
 - Alternative: sleep clothing
- Sleep only one baby per crib





Elements of a Safe Sleep Policy

- Room temperature is comfortable for a lightly clothed adult
- Monitor sleeping babies
- Have supervised tummy time for awake babies
- Teach staff about safe sleep policy and practices
- Provide parents with safe sleep policy





Safe Sleep for Babies

SAMPLE POLICY FOR USE IN CHILD CARE

Safe Infant Sleep in Child Care
(INSERT NAME OF THE PROGRAM)

Providing infants with a safe place to grow and learn is very important. For this reason, (THE PROGRAM) has created a policy on safe sleep practices for infants up to 1-year-old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation." The staff, substitute staff, and volunteers at (THE PROGRAM) follow the AAP safe sleep policy.

Sleep Position:

- Infants will be placed flat on their backs to sleep every time unless there is a physician, practitioner or clinician signed sleep position medical waiver up to date on file. In the case of a waiver, a waiver notice will be posted at the infant's crib without identifying medical information. The full waiver will be kept in the infant's file.
- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep.
- Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution.
- Parents are asked to provide replacement pacifiers on a regular basis.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.

Sleep Environment:

- Our program will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
 - Crib slats will be less than 2 3/8" apart
 - Infants will not be left in bed with drop side down
 - Playpen weave will be less than 1/4"
- Consumer Product Safety Commission safety-approved cradles and bassinets may also be used for sleeping if the infant meets the weight and height requirements.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or on other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- The crib will have a firm tight fitting mattress covered by a fitted sheet and will be free from loose bedding, toys, and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed toys, etc.)

www.healthychildcare.org/doc/SIDSSamplePolicy.doc

www.healthychildcare.org

Revised 2014

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Safe Sleep for Babies



Name of Center: _____

Infant/Toddler Safe Sleep Policy Sample (Revised)

Date Adopted: _____

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. N.C. law requires that child care providers caring for children 12 months of age or younger, implement a safe sleep policy, share this information with parents and participate in training.

In the belief that proactive steps can be taken to lower the risks of SIDS in child care and that parents and child care providers can work together to keep babies safer while they sleep, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. All child care staff working in this room, or child care staff who may potentially work in this room, will receive training on our Infant Safe Sleep Policy.
2. Infants will always be placed on their backs to sleep, unless there is a signed sleep position medical waiver on file. In that case, a waiver notice will be posted at the infant's crib and the waiver filed in the infant's file.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep, but when babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
4. We will follow this recommendation by the American Academy of Pediatrics. However, child care staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
5. **Visually checking sleeping infants.** Sleeping infants will be checked daily, every 15-20 minutes, by assigned staff. The sleep information will be recorded on a Sleep Chart. The Sleep Chart will be kept on file for one month after the reporting month. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in child care.
We will check to see if the infant's skin color is normal, watch the rise and fall of the chest to observe breathing and look to see if the infant is sleeping soundly. We will check the infant for signs of overheating including flushed skin color, body temperature by touch and restlessness.
6. Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the baby.

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy and that the facility's director/ owner/operator (or other designated staff member) has discussed the facility's Infant/Toddler Safe Sleep Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Date: _____

Signature of Child Care Provider: _____

Date: _____

Distribution: one signed copy to parent(s)/guardian(s); signed copy in child's facility record.

Effective date: 5/1/04

Review: #1 12/15/05

Revisions: #1 1/1/06 COM;

Safe Sleep Environment

7. Room temperature will be kept between 68-75°F and a thermometer kept in the infant room.
8. Infants' heads will not be covered with blankets or bedding. Infants' cribs will not be covered with blankets or bedding. **We may use a sleep sack instead of a blanket.**
9. No loose bedding, pillows, bumper pads, etc. will be used in cribs. We will tuck any infant blankets in at the foot of the crib and along the sides of the crib mattress.
10. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **Pacifiers will be allowed in infants' cribs while they sleep.**
11. A safety-approved crib with a firm mattress and tight fitting sheet will be used.
12. Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
13. No smoking is permitted in the infant room or on the premises.
14. All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant/Toddler Safe Sleep Policy before enrollment.
15. **To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.**

Best Practices

1. All staff will participate in *Responding to an Unresponsive Infant* practice drills twice each year, in April and in October, in conjunction with fire drills.

www.nchealthystart.org/downloads2/itssids/Safe_Sleep_Policy_Sample.pdf

www.healthychildcare.org

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Alternate Sleep Position

- Require written and signed physician's note
 - Stipulates that a medical condition requires an alternative sleep position and clearly states the needed position.
- Inform all child care providers and substitutes
- Keep physician's note in baby's medical file and post notice on crib



Safe Sleep for Babies

ALTERNATIVE SLEEP POSITION WAIVER

Parent Request

This waiver may only be used for infants over the age of 6 months.

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

This childcare facility follows the safe sleep practice of placing all infants on their backs to sleep. As the parent or guardian of the above named child, you may request that he/she be placed to sleep in an alternative sleep position.

☐ **I would like my child placed to sleep in an alternative sleep position.**
(you must check the box for this waiver to be valid)

Please describe the request sleep position for the above named child:

Effective Dates of Waiver: from ____/____/____ to ____/____/____

"I, as the parent or guardian of the above mentioned child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I have been provided with information concerning SIDS.

I further authorize the child care facility and its employees to place my child in an alternative sleep position, as described above."

Parent/Guardian Signature: _____ Date: _____

An authorized official with the childcare facility must complete the following section.

**PARK ROAD BAPTIST CHILD DEVELOPMENT CENTER
ID NUMBER: 560708436**

Facility Representative's Signature _____ Date: _____





Safe Sleep for Babies



A lot of parents want me to place their baby on the tummy for sleep, because this is what they do at home. How do I handle this?





Caring for Our Children: National Health and Safety Performance Standards, 3rd Ed.—2011

STANDARD 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction

- Facilities should have written policies
- Back sleep position for babies
- Physician's note if position other than back
- Nothing in the crib except for baby and a pacifier
- No monitors or positioning devices, unless specified by a physician





Handling Parents' Concerns

- Discuss Safe Sleep with parents
- Discuss sleep position policies
- Discuss medical waiver and implications
- Document your discussion!





Partners and Resources





Healthy Child Care America Safe Sleep Resources

- American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
 - Phone: 888/227-5409 or 847/434-7951
 - Fax: 847/228-7320
 - E-mail: childcare@aap.org
 - Web site: www.healthychildcare.org



Safe Sleep for Babies

A PARENTS' GUIDE TO SAFE SLEEP

Helping you to reduce the risk of SIDS

DID YOU KNOW?

- About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent. Many of these deaths occur when babies at home are used to sleeping on their backs at home but are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

You can reduce your baby's risk of dying at the hands of SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on his back at night and during naps.



Supported in part by Grant #1K11MD000888 from the National Institutes of Health, Division of Intramural Research, and Services Administration, Department of Health and Human Services.

WHO IS AT RISK FOR SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 2-4 months old. However, babies can die of SIDS until they are 1 year old.

WHAT CAN I DO BEFORE MY BABY IS BORN TO REDUCE THE RISK OF SIDS?

Take care of yourself during pregnancy and after the birth of your baby. You can reduce the risk of your baby dying from SIDS. Don't smoke or expose yourself to others' smoke while you are pregnant and after the baby is born. Be sure to visit a physician for regular prenatal checkups to reduce your risk of having a low birth weight or premature baby. Breastfeed your baby, if possible, at least through the first year of life.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN I DO TO HELP SPREAD THE WORD ABOUT BACK TO SLEEP?

- Be aware of safe sleep practices and how they can be made a part of our everyday lives.
- When shopping in stores, show heavy quilts, pillows, or blankets to the manager about them not to display cribs.
- Monitor the media. Why picture in the paper on her tummy, while following the program?
- If you know how to talk with them, have them know that sleep. We always put...
- Set a good example.

BACK TO
SLEEP,
TUMMY
TO PLAY

Understanding the Importance of Tummy Time

How much tummy time should an infant have?

What if the baby doesn't like being on her tummy?

Doesn't sleeping on the back create a flat head?

How can I exercise a baby on his tummy?

Back To Sleep All of the Time, Every Time

Healthy Child Care America
www.healthychildcare.org

A CHILD CARE PROVIDER'S GUIDE TO SAFE SLEEP

Helping you to reduce the risk of SIDS

DID YOU KNOW?

- About one in five sudden infant death syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when babies at home are used to sleeping on their backs at home but are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN CHILD CARE PROVIDERS DO?

Follow these guidelines to help protect the infants in your care.

CREATE A SAFE SLEEP POLICY

Create and use a written safe sleep policy. Reducing the risk of sudden infant death syndrome (SIDS) is a priority for the American Academy of Pediatrics. The National Health and Safety Performance Standards: Guidelines for Child Care Programs (NHSPP) include safe sleep policy guidelines. Visit <http://nhspp.org> to download a free copy.

A SAFE SLEEP POLICY SHOULD INCLUDE THE FOLLOWING:

- Healthy babies should always sleep on their backs. Because babies sleeping on their sides or stomachs, the side position is not as safe as the back position.
- A physician's note for non-back sleepers is not recommended.
- That explains why the baby should not be placed on its side or stomach to sleep, and a time frame for when the baby is to be followed.

When a new baby is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby sleeps in a way other than on her back, the child's parents or guardians need a note from the child's physician that explains a note that should be kept on file and all staff, including substitutes and volunteers, should be informed of this special reason. It's also a good idea to get a sign on the baby's crib.

If you are not sure how to create a safe sleep policy, work with a child care health consultant or nurse to create a policy that fits your child care center.

www.healthychildcare.org

Revised 2014

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™





Licensing Requirements

- National Resource Center for Health and Safety in Child Care
 - <http://nrckids.org>
 - 800/598-KIDS (5437)
 - *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Third Edition (2011)
 - Individual state licensing information





Safe Sleep for Babies

Safe to Sleep campaign

**Safe Sleep
For Your Baby**






SAFE TO SLEEP

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death


 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
Eunice Kennedy Shriver National Institute of Child Health and Human Development

**Ponga a su bebé a
dormir sin peligro**




SEGURO AL DORMIR

Reduzca el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño

 DEPARTAMENTO DE SALUD Y SERVICIOS
HUMANOS DE LOS ESTADOS UNIDOS
Instituto Nacional de la Salud
El Instituto Nacional de Salud y Desarrollo
Humano Eunice Kennedy Shriver (NICHD)

1-800-505-CRIB
<http://www.nichd.nih.gov/SIDS/>





First Candle

- Provide grief/bereavement services, support services
 - 1314 Bedford Ave, Suite 210, Baltimore, MD 21208
 - Phone: 800/221-7437 or 410/653-8226
 - Fax: 410/653-8709
 - E-mail: info@firstcandle.org
 - Web site: www.firstcandle.org





National SUID/SIDS Resource Center

- Provides information about SIDS and other forms of infant death and stillbirth
- Georgetown University
- 1-866-866-7437
- www.sidscenter.org
- info@sidscenter.org





CJ Foundation for SIDS

- 888/8CJ-SIDS (825-7437)
- www.cjsids.com





Summary

- What SIDS, SUID and Safe Sleep is and is NOT
- What are sleep-related deaths
- Risk factors
- Safe sleep practices to reduce the risk
- *Caring for Our Children: National Health and Safety Performance Standards, 3rd Edition*
- Developing a safe sleep policy for your program
- Resources for more information





Safe Sleep for Babies

Questions?





Practice Scenarios

- 4 scenarios that child care providers may encounter in their workplace





Scenario 1

You are the child care provider. A parent of a 2 month old baby requests that the child sleep on the side, propped by a pillow. This is how they do it at home. The mother says, “I don’t want to worry about my baby spitting up and it going down the wrong way.” What do you do?





Scenario 2

A parent has requested that his baby be placed on the tummy for naps. You showed him the policy that babies are to be placed on the back only unless there is a medical excuse. He takes the medical waiver form to the pediatrician. The pediatrician signs the waiver, but does not indicate a medical reason. In fact, the pediatrician has crossed through the section that asks for a medical reason. What do you do?





Scenario 3

You have just started as a new child care provider in the infant room of a large child care center. On your first day, you notice that all of the other providers are placing babies on their tummies for naps. You know from your training that back is best. What do you do?





Scenario 4

There is a new baby in the infant room. She is 2 months old. The mother tried to get the director to agree to put the baby on the tummy for sleep, since that is what they do at home. The director refused, and the mother finally said that was okay. You now place the baby on the back for a nap. The baby cries and refuses to go to sleep. What do you do?

